

EXHIBIT 9-G

Contract No.: _____
 Grant Year: _____
 Project Name: _____

Allowable Soft Costs
8% - NC/TBRA/ACQ
10% - HB Assistance
12% - Rehab

HOME/CHDO PROCEEDS 2006 QUARTERLY REPORTING FORM

___ 1st Quarter ___ 2nd Quarter ___ 3rd Quarter ___ 4th Quarter

Transaction Date	Set-up Report		Activity Receiving Income	FINAL (F) OR PARTIAL (P)	CHDO Proceeds Received	CHDO Proceeds Disbursed	
	Grantee Number	IDIS Number <small>(Office use only)</small>				Soft Costs	Project Costs
TOTALS:					\$0	\$0	\$0
THIS QUARTER'S NET CHDO PROCEEDS (Receipts minus disbursements):							\$0
PREVIOUS QUARTER'S CHDO PROCEEDS BALANCE:							
CUMULATIVE CHDO PROCEEDS BALANCE:							\$0

** Grantees must attach Project Set-up/Completion Reports for all CHDO Proceeds disbursed.

Grantee Fiscal Officer: _____

Date: _____

HOME Program Staff: _____

Date: _____